



THE WEM RURAL DISTRICT COUNCIL

ANNUAL REPORT 1942



Mr. Chairman and Gentlemen,

I have the honour to present my first Annual Report since taking over the duties of Medical Officer of Health in April 1942.

The Minister of Health directed that the report should be prepared on the same lines as those for the previous three years, that is that it should be an interim report and confined to essential and urgent matters which have affected the public health during the year, also figures of population or figures from which local populations can be reconstructed must not be published, so the report must of necessity be deprived of much of its interest and information.

Arrangements are to be made for the preservation of all records which cannot be included in this report.

Your obedient servant,

L. WILSON EVANS.



# PUBLIC HEALTH STAFF

| <u>Name</u>     | <u>Qualifications</u>                     | <u>Office Held</u>                 | <u>Whole or Part Time</u> |
|-----------------|---|------------------------------------|---------------------------|
| L. Wilson Evans | M.B., B.S., M.R.C.S.,<br>L.R.C.P., D.P.H. | Medical Officer<br>of Health       | Part                      |
| A.P. Roberts    | A.M. Inst. B.E.<br>C.R.S.I.               | Sanitary Inspector<br>and Surveyor | Whole                     |

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1942

|  |      |
|--|------|
| Birth Rate per 1000 Civilian Population        | 17.3 |
| Wem Urban District                             | 18.1 |
| England and Wales                              | 15.8 |
| Deaths of Infants under 1 year per 1000 births | 32   |
| Wem Urban District                             | 67   |
| England and Wales                              | 49   |
| Still births per 1000 population               | .03  |
| Wem Urban District                             | .88  |
| England and Wales                              | .54  |
| Death Rate per 1000 Civilian Population        | 9.8  |
| Wem Urban District                             | 12.9 |
| England and Wales                              | 11.6 |
| Deaths from Diphtheria                         | Nil  |
| Deaths from Measles                            | Nil  |
| Deaths from Whooping Cough                     | Nil  |
| Deaths from Diarrhoea (under 2 years)          | 1    |
| Maternal Deaths                                | Nil  |

## Chief Causes of Death

|                                |    |
|--------------------------------|----|
| Heart Disease                  | 27 |
| Cancer                         | 21 |
| Intra-cranial Vascular Lesions | 13 |
| Violence                       | 8  |

The vital statistics as far as they indicate the state of the public health are exceedingly satisfactory, and several of the figures are the best for 15 years, the period covered by records since 1928. The natural increase of births over deaths was 82, the previous highest was 55 and the average 28. This is more a result of the large decrease in the number of deaths recorded, despite an increase in the population in recent years, the total deaths being the lowest and the births the highest recorded. The infant mortality though not so low as the record figure of last year is still a very low figure and compares very favourably with that for the Country as a whole. The continued absence of death as a result of child birth is very gratifying.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES AMONG THE CIVILIAN POPULATION

| <u>Disease</u>        | <u>Number notified</u> | <u>Number admitted to hospital.</u> | <u>Number of deaths</u> |
|-----------------------|------------------------|-------------------------------------|-------------------------|
| Cerebrospinal Fever   | 2                      | 1                                   | -                       |
| Diphtheria            | 3                      | 3                                   | -                       |
| Erysipelas            | 1                      |                                     |                         |
| Measles               | 14                     |                                     |                         |
| Ophthalmia Neonatorum | 2                      |                                     |                         |
| Paratyphoid Fever     | 1                      |                                     |                         |
| Pneumonia             | 7                      |                                     | 2                       |
| Puerperal Pyrexia     | 4                      | 1                                   |                         |
| Scarlet Fever         | 17                     | 6                                   |                         |



# DISTRIBUTION OF INFECTIOUS DISEASE ACCORDING TO MONTHS.

|                | Jan. | Feb. | Mar. | Apr. | May | June | Jly. | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|----------------|------|------|------|------|-----|------|------|------|-------|------|------|------|-------|
| Diphtheria     | -    | -    | -    | -    | 1   | -    | -    | 2    | -     | -    | -    | -    | 3     |
| Measles        | -    | -    | -    | -    | 2   | 2    | -    | -    | 1     | 3    | 2    | 4    | 14    |
| Pneumonia      | -    | 3    | 2    | 1    | -   | -    | 1    | -    | -     | -    | -    | -    | 7     |
| Scarlet        |      |      |      |      |     |      |      |      |       |      |      |      |       |
| Fever          | 5    | 2    | 2    | 3    | -   | -    | 2    | -    | 1     | -    | -    | 2    | 17    |
| Whooping Cough | 4    | 2    | -    | -    | 2   | -    | -    | 1    | -     | -    | -    | -    | 9     |

There was no serious outbreak of infectious disease during the year, Measles having worn itself out in 1941 gave little trouble. The three Diphtheria cases were all adults which suggested that immunisation of children might be going to change the age incidence of this disease, as vaccination did to small pox, and make it preponderantly an adult disease. The Scarlet Fever occurred in isolated cases or in groups of two or three. There was considerably fewer cases of Pneumonia notified during the year, 7 against 30, possibly due to the fact that there was less Influenza. Diphtheria Immunisation has made excellent progress as the figures will show. The County Council took over the immunisation of all children up to school leaving age in November and your Council undertook only the immunisation of special cases where owing to the child being very young or to the difficulty to taking them to the school or Welfare Centre arrangements are made for them to be done by the private medical practitioners.

## Diphtheria Prophylaxis

| Number of children who completed full course of immunisation from January 1st - Dec. 31st 1942. | Under 5 years | 5-15 yrs. |
|---|---------------|-----------|
|   | 216           | 389       |

| Percentage of child population considered to be immunised at December 31st, 1942. | 40% | 87% |
|---|-----|-----|
|---|-----|-----|

Number of cases of Diphtheria from January 1st to December 31st, 1942 in children under 15 years ... Nil.

## SCABIES

Scabies did not give much trouble during the year. Cases are usually discovered through the school and welfare authority and 23 cases came to our notice during the year. The occupants of 9 houses were infected. There was no evidence of the spread of the disease and measures taken to see that all cases were treated and contacts dealt with kept the disease under control. There was no necessity to use the powers under the Scabies Order to enforce examination and treatment.

## TUBERCULOSIS

| New Cases Notified. |    |                 |    | Admitted to Sanatorium. |    |
|---------------------|----|-----------------|----|-------------------------|----|
| Respiratory         |    | Non-Respiratory |    | Respiratory.            |    |
| M.                  | F. | M.              | F. | M.                      | F. |
| -                   | 2  | 2               | 6  | 2                       | 2  |

## Deaths

| <u>Respiratory</u> |    | <u>Non-Respiratory</u> |    |
|--------------------|----|------------------------|----|
| M.                 | F. | M.                     | F. |
| -                  | 2  | -                      | -  |

## Transfer from other districts

| Respiratory |    |
|-------------|----|
| M.          | F. |
| -           | 3  |

Number of cases of Respiratory and Non-respiratory Tuberculosis notified and number of deaths for three five yearly periods from 1928.



|         | Respiratory |    |       | Deaths |    |       | Non-Respiratory |    |       | Deaths |    |      |
|---------|-------------|----|-------|--------|----|-------|-----------------|----|-------|--------|----|------|
|         | New Cases   |    |       |        |    |       | New Cases       |    |       |        |    |      |
|         | M.          | F. | Total | M.     | F. | Total | M.              | F. | Total | M.     | F. | Tot. |
| 1928-32 | 21          | 10 | 31    | 15     | 11 | 26    | 6               | 16 | 22    | 3      | 3  | 6    |
| 1933-37 | 18          | 24 | 42    | 10     | 10 | 20    | 12              | 9  | 21    | 2      | 3  | 5    |
| 1938-42 | 8           | 9  | 17    | 4      | 6  | 10    | 7               | 16 | 23    | 1      | 2  | 3    |

It has been said that Tuberculosis is the surest index of the health of the community. In the Country as a whole there has been an increase in the incidence of this disease and a greater number of deaths. The causes of these increases are generally attributed to overcrowded houses, factories or offices, aggravated by black-out in conjunction with long hours of work. The figures showing the number of new cases and deaths during three five yearly periods indicate that in your district the period of the war caused no interruption in the fall in the incidence of Pulmonary Tuberculosis which was gradually becoming evident in the years preceeding the war. The reasons for this satisfactory state of affairs can probably be found in the absence of those conditions mentioned as the cause of the increase in other parts of the Country. Although people living in the Rural District do not escape the call for extra hours of work the conditions under which a large proportion of them have to work are not of the unhygienic nature which are liable to exist in factories and offices and where there is a reduction in the standard of the nations diet this shortage is more likely to be made good by those living in the Country than in the Towns.

But while a favourable picture can be shown of the state of pulmonary tuberculosis the same is not to be found in the figures of Non-pulmonary tuberculosis which shows no improvement over the period of 15 years in marked contrast to those for Pulmonary Tuberculosis.

The measure which have been taken, which are generally the improvement of the conditions under which people live, have had no effect on Tuberculosis of the glands, bones and joints, which though a less deadly form of the disease than the lung affection, still causes great suffering and incapacity, especially among children and young people. The chief factor in the spread of the disease which does not operate to any great extent in Pulmonary Tuberculosis is infection from milk and it would appear that measures so far taken to reduce Tuberculosis infection from this source have failed. The Tuberculin Testing of cattle, attestation of herds and veterinary inspection have not been carried out to an extent sufficient to reduce the consumption of tubercle infected milk.

There is only one practical measure which it is possible to have carried out under present conditions and which will ensure a safe milk and that is pasteurisation.

A very important report by the Medical Research Council on Tuberculosis in Wartime was published during the year and many of its proposals were quickly implemented by the Government with the result that various new changes in the methods of combating Respiratory Tuberculosis are being brought about. The most important step in attacking this disease is its early detection. The means of this has been lacking, but with the development of mass, miniature X-ray examination the possibility of discovering the signs of the disease in its earliest stages is made more certain and as a result of the scheme of the Ministry of Health before very long X-ray units should be operating throughout the Country. A second part of the scheme is the financial allowances. These are to be given to certain patients undergoing treatment for Pulmonary Tuberculosis, and their dependants. This will help a patient to give up work and undergo treatment at a stage when there is a chance of recovery. It will help his recovery by giving him ease of mind as to the financial status of his family and will also ensure that the children will have sufficient food and clothing and so will not fall victims of the disease through poverty or neglect. These measures should still further reduce the incidence and mortality from Pulmonary Tuberculosis.



## SANITARY INSPECTOR'S REPORT

### Milk

No. of Producers of Undesignated Milk on register for 1942..... 511  
No. of inspections made ... 136  
No serious defects were found, but attention was called to general cleanliness where necessary.

No. of T.T. Milk Sellers ... 5  
No. of T.T. Certified Milk Sellers ..... Nil.  
No. of Accredited Milk sellers ..... 118  
No. of inspections made ..... 42  
No. samples of milk were taken ..... Nil.

136 inspections of cowsheds have been made during the year in this area, and a genuine effort is being made to produce clean milk, but keeping qualities of the milk is greatly reduced by the inadequate water supplies and facilities for cooling. Refrigeration would greatly help in the keeping qualities of milk.

No complaints were received as to the quality of the milk sold in the area.

Applications were made during the year for the registration of premises intended to be used by milk producers. These premises were visited and found to be unsuitable, but the owners are carrying out certain recommendations which when complete, application will be submitted to the Council for approval of registration.

### Housing:

Two cases of overcrowding were discovered during the year, the one case was abated by giving the family the tenancy of a Council House. The other case is being dealt with under the Rural Workers Act. The general conditions found in the smaller houses are that they are occupied to full capacity with lodgers working on Aerodromes and public works, and evacuation conditions.

### Water:

Samples of water were taken from all supplies during the year in this area, which are under pressure, and none of the supplies receive any chemical treatment with the exception of Aston and Barkers Green supplies, which are drawn from the Wem Urban Reservoir. The other supplies are from wells, and samples have been sent to the Public Analyst, Mr. H. Lowe, Assay Office, Goss Street, Chester.

### Meat Inspection:

The Ministry of Food Slaughterhouse at Whitchurch is visited on alternate Wednesdays for the purpose of assisting in the inspection of meat.

Visits are regularly made to the N.A.A.F.I. Canteens, and quantities of food have been surrendered where found unfit for human consumption.